

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-8/5)

SERIAL NO.

09708786

FILING DATE

APPLICANT(S)

6/6/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1				1	
2		1				1
3		1				1
4		1				1
5		1				1
6		5				1
7		5				1
8		5				1
9		5				1
10	1				1	
11		1				1
12		1				1
13		1				1
14		1				1
15		5				1
16		5				1
17		5				1
18		5				1
19	1				1	
20		1				1
21		1				1
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49						
50						
TOTAL IND.	3				3	
TOTAL DEP.		72				74
TOTAL CLAIMS		75				77

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY